

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

**10/523302**

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		2					53						
4		①					54						
5		①					55						
6		①					56						
7		①					57						
8		①					58						
9		①					59						
10		①					60						
11		①					61						
12		①					62						
13		①					63						
14		①					64						
15		①					65						
16		①					66						
17		①					67						
18	1	①					68						
19	1	2					69						
20	1						70						
21	1						71						
22		①					72						
23		①					73						
24		①					74						
25	1						75						
26		1					76						
27		2					77						
28		①					78						
29	1						79						
30		1					80						
31		2					81						
32		①					82						
33		①					83						
34	1						84						
35		1					85						
36		2					86						
37		①					87						
38		①					88						
39		①					89						
40		①					90						
41		①					91						
42		①					92						
43		①					93						
44		①					94						
45		①					95						
46		①					96						
47	1						97						
48	1						98						
49	1						99						
50	1						100						
TOTAL IND.	12	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	42	←		←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	54						TOTAL CLAIMS						